



2017-2018 BUSINESS LICENSE APPLICATION

You received this notice because:

- You had a City of Trinidad business license last year.
- You have been reported as conducting business within the city limits.
- You operate a residential long-term rental unit.

**** Please fill out form completely even if information has not changed. ****

Please check one: New License ☐ Renewal License ☐ No longer doing business in Trinidad ☐

General Information

Business Name: _____ Type of Business: _____

Business Address: _____ Sales Tax ID. No: _____

Mailing Address: _____

Owner(s) Name: _____

Owner(s) Address: _____

Business Phone: _____ Email: _____

Emergency Contact & Phone: _____

Annual License Fee: \$60.00

Fees are due by July 31, 2017. If payment is not received by this date a **\$20.00 late fee** will apply.

To ensure proper credit, make check payable to: **City of Trinidad, P.O. Box 390, Trinidad, CA 95570**

Proof of Insurance:

Name of Company: _____ **Policy #** _____

If answer is none: I certify that in the performance of work for which this license is issued I shall not employ any person in any manner so as to become subject to the worker's compensation laws of California. Note: If after signing the certificate, you hire any employee, you become subject to the workers' compensation provisions of the California Labor Code, and you must immediately comply with the provisions of Section 3700 or your license immediately becomes revoked.

Certification: I hereby certify under penalty of perjury that the above information is true and correct:

Signature: _____ **Date:** _____

In compliance with Federal and State stormwater control requirements and Trinidad Ordinance 2015-01 check one:

☐ **Yes:** I certify that our facility (or long term rental) prevents potential pollutants from being discharged from our business location.

☐ **Unknown:** I need more information to be able to confirm that our facility (or long term rental) does everything possible to prevent potential pollutants from being discharged from our business location.

Print Name: _____ **Signature:** _____ **Date:** _____

Official Use Only: License # _____ Issue Date _____ By _____